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REPLY TO:

PO Box 7604, Winter Haven, FL 33883-7604 Tel: (863) 294-1114 Fax: (863) 294-8937

October 25, 2001

VIA PRIORITY MAIL

Mrs. Katherine Harris Secretary of State The Capitol Tallahassee, Florida 32304

> RE: EXCELLENCE IN VISION CARE, LLC

100004663291 -11/01/01--01082--004 ****180.00 ****155.00

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Dear Mrs. Harris:

Enclosed herewith for filing are Articles of Organization for the above-captioned limited liability company. A copy of the Articles of Organization is also enclosed to be certified and returned to the undersigned.

Our firm's check in the amount of \$180.00 is enclosed to cover the following costs

Filing Fee \$ 125.00 Certified Copy 30.00 Registered Agent Form 25.00 Total 180.00

Please return the certified copy of the Articles of Organization to the undersigned attorney, Cynthia Crofoot Rignanese.

Thank you for your cooperation in this matter.

Sincerely yours,

CYNTHIA CROFOOT RIGNANESE, ESQUIRE

CCR/rh

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ARTICLES OF ORGANIZATION FOR EXCELLENCE IN VISION CARE, LLC

ARTICLE I NAME

The name of this Limited Liability Company shall be **EXCELLENCE IN VISION CARE, LLC.**

ARTICLE II DURATION

This Limited Liability Company shall exist perpetually from the date of filing with the Secretary of State of the State of Florida.

ARTICLE III PURPOSE

This Limited Liability Company is organized for the purpose of conducting all lawful business, including but not limited to, providing eye care services in Central Florida.

ARTICLE IV PLACE OF BUSINESS

The place of business of this Limited Liability Company shall be at the second street address: 3970 Lake Ned Circle, Winter Haven, Florida 33884, and such other place or places as the member(s) from time to time may determine, and the mailing address of this Limited Liability Company shall initially be at the following address: 3970 Lake Ned Circle, Winter Haven, Florida 33884.

ARTICLE V INITIAL REGISTERED AGENT AND OFFICE

The initial registered agent of the Limited Liability Company shall be **TERRANCE W. HAFNER**. The initial registered office address shall be 3970 Lake Ned Circle, Winter Haven, in Polk County, Florida 33884.

ARTICLE VI MANAGEMENT

The Limited Liability Company will be managed by it's Member, TERRANCE W. HAFNER. TERRANCE W. HAFNER shall serve as initial Manager until the first

organizational meeting of members or until his successor is elected and qualifies. The name and address of the initial Manager is:

TERRANCE W. HAFNER 3970 Lake Ned Circle Winter Haven, Florida 33884.

ARTICLE VII ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: additional members are to be admitted as members of the company only by the unanimous vote of the subscriber(s) and in accordance with applicable law.

ARTICLE VIII AMENDMENT OF ARTICLES OF ORGANIZATION

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statues, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Limited Liability Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

<u>ARTICLE IX</u> TRANSFERABILITY OF MEMBER'S INTEREST

An interest of a Member of this Limited Liability Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Limited Liability Company and in accordance with applicable law.

IN WITNESS WHEREOF, the party hereto has executed these Articles of Organization on the 23rd day of October, 2001.

DEADY OF STA

TERRANCE W. HAFNER, Manager and Member

FILED

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 23rd day of October, 2001, by *TERRANCE W. HAFNER*, who personally appeared before me, who is known to me to be the person who executed the foregoing Articles of Organization and produced Florida Driver's License as identification.

(SEAL)

C. C. RIGNANESE

MY COMMISSION # CC 706378

EXPIRES: February 21, 2002

Bonded Thru Notary Public Underwriters

Printed Name: C.C. RIGNANESE

Notary Public

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REGISTERED AGENT ACCEPTANCE

Having been named as registered agent, to accept service of process for **EXCELLENCE IN VISION CARE, LLC**, at the place designated, I hereby accept the appointment as Registered Agent, and state that I am familiar with and accept the duties, obligations and responsibilities as Registered Agent, including those specified in Chapter 608 of the Florida Statutes.

Dated: October 23, 2001.

TERRANCE W. HAFNER Registered Agent

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 23rd day of October, 2001, by *TERRANCE W. HAFNER*, who personally appeared before me, and produced

Florida Driver's License as identification.

Printed Name: C.C. RIGNANESE

Notary Public

(SEAL)

C. C. RIGNANESE

MY COMMISSION # CC 706378

EXPIRES: February 21, 2002

Bonded Thru Notary Public Underwriters

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SECRETARY OF STATE